

State: District of Columbia**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other**Product Name:** CCABR (7059) Advertising Filing**Project Name/Number:** /**Filing Company:** The Lincoln National Life Insurance Company

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: CCABR (7059) Advertising Filing

State: District of Columbia

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Date Submitted: 11/11/2019

SERFF Tr Num: LCNC-132150752

SERFF Status: Submitted to State

State Tr Num:

State Status:

Co Tr Num:

Implementation: On Approval

Date Requested:

Author(s): Chelsea Ronalter, Andrew Baron, Amanda Tenney

Reviewer(s):

Disposition Date:

Disposition Status:

Implementation Date:

State: District of Columbia
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: CCABR (7059) Advertising Filing
Project Name/Number: /

Filing Company: The Lincoln National Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: File & Use Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 11/11/2019
State Status Changed:
Deemer Date: Created By: Chelsea Ronalter
Submitted By: Chelsea Ronalter Corresponding Filing Tracking Number:

Filing Description:

The Lincoln National Life Insurance Company
NAIC# 020-65676FEIN # 35-0472300

Re: NEW SUBMISSION

Advertising Filing – Long Term Care Forms:

LCN-2417807-020819 – AssetEdge VUL (2019) Illustration Summary
LCN-2391260-012219 – WealthAccumulate IUL (2019) Illustration Summary
LCN-2461641-031419 - WealthPreserve IUL (2019) Illustration Summary

Dear Sir or Madam:

Attached for your review are the above-referenced advertising forms. These forms are new and do not replace any other forms previously approved by your department. They are “invitation to inquire” type advertisements.

These forms are advertising pieces to attract people to inquire about our Lincoln Care Coverage ABR. They will be used with the following forms:

Base contracts:

ICC18-VUL684 Approved on 03/28/2019 under SERFF tracking number LCNC-131735873
ICC18-VUL685 Approved on 03/28/2019 under SERFF tracking number LCNC-131735873
ICC19UL6089 Approved on 08/21/2019 under SERFF tracking number LCNC-132011189
ICC19UL6088 Approved on 09/12/2019 under SERFF tracking number LCNC-131998640

Optional rider forms:

LTC-7050 and LTC-7059 Approved on 4/25/2019 under SERFF tracking number LCNC-131873899
ABR-7052 Approved on 07/30/2018 under SERFF tracking number LCNC-131427422 (Health Filing) and 08/07/2018 under SERFF tracking number LCNC-131597495 (Life Filing)
ABR-7044 Approved on 03/16/2018 under SERFF tracking number LCNC-131389934 (Health Filing) and 04/19/2018 under SERFF tracking number LCNC-131426544 (Life Filing)

Forms LCN-2417807-020819, LCN-2391260-012219 and LCN-2461641-031419 are optional reports and their distribution method will be via print or email. They will be used with a licensed insurance agent.

State: District of Columbia**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other**Product Name:** CCABR (7059) Advertising Filing**Project Name/Number:** /**Filing Company:** The Lincoln National Life Insurance Company

The underlying life insurance policy the rider is attached to will be subject to applicable medical exams. There are no additional medical exams needed to purchase coverage under this rider.

We have bracketed certain items and statements of variability are included which outline the variable items. We confirm that the brackets will not actually appear on the forms at print and any of the changes made will be completed within the allowable limits of the laws in your state.

If you need any additional information, please contact me toll-free at 1-800-238-6252, Extension 5546.

Sincerely,

Chelsea Ronalter
Specialist, Product Compliance & Filing

Company and Contact

Filing Contact Information

Chelsea Ronalter, Specialist, Product
Compliance & Filing

One Granite Place, 4S11
Concord, NH 03302

chelsea.ronalter@lfg.com

800-258-3648 [Phone] 5546 [Ext]
603-226-5128 [FAX]

Filing Company Information

The Lincoln National Life
Insurance Company
350 Church Street - MPM1
Hartford, CT 06103-1106
(800) 238-6252 ext. [Phone]

CoCode: 65676
Group Code: 20
Group Name:
FEIN Number: 35-0472300

State of Domicile: Indiana
Company Type: Life
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

LCNC-132150752

State Tracking #:

Company Tracking #:

State: District of Columbia

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: CCABR (7059) Advertising Filing

Project Name/Number: /

Filing Company:

The Lincoln National Life Insurance Company

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		AssetEdge19 Illustration Summary	LCN-2417807-020819	ADV	Initial			LCN-2417807-020819 (AssetEdge19 Illus Summary) DC.pdf
2		WealthAccumulate19 Illustration Summary	LCN-2391260-012219	ADV	Initial			LCN-2391260-012219 (WealthAccumulate19 Illus Summary) DC.pdf
3		WealthPreserve IUL 2019 Illustration Summary	LCN-2461641-031419	ADV	Initial			LCN-2461641-031419 (WealthPreserve19 Illus Summary)DC.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [45]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Level]
Payment Mode: [Annual]
Riders: [CCABR]

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)] Overview

This optional rider provides monthly benefit payments for the reimbursement of expenses from Qualified Long-Term Care Services if the insured meets the Eligibility requirements, subject to the terms and conditions outlined in the rider. Benefits are provided through the acceleration of the policy's death benefit. Upon the first occurrence of acceleration, your Death Benefit Option will be switched to level, if applicable. Other values within the policy will also be proportionately reduced as your acceleration takes place. Values include but are not limited to: policy specified amount, and account values in the fixed, variable and indexed accounts. No policy loans or withdrawals will be allowed while on claim. If there is an outstanding loan on the policy, any benefit paid under this rider will be first used to repay a portion of any outstanding Debt. This rider may also have an impact on benefits provided under any other riders or endorsements attached to your policy.

A monthly deduction is made for the cost of the rider. The amount is [\$6.26] for the first policy month.

Refer to the rider and policy specifications for a complete list of terms, conditions, maximum rates and fees.

Renewability

The long-term care coverage provided by the rider is Guaranteed Renewable. This means that we cannot change any of the terms of the rider on our own, and it will remain in force for as long as the policy remains in force. However, we do have the right to increase the current cost of insurance rates used to calculate the Monthly LTC Rider Charge, not to exceed the guaranteed maximum rates described in your policy.

Eligibility

An insured may receive benefits under this rider once the following conditions are met:

- 90-day elimination period is satisfied (see below)
- Written certification from a Licensed Health Care Practitioner that the Insured is Chronically Ill is received at least every 12 months
- A prescribed Plan of Care by a Licensed Health Care Practitioner for Covered Services is received at least every 12 months
- All claims forms and written notifications are submitted and satisfactory.

Qualified Long-Term Care Services (Covered Services)

The insured may receive benefits for Qualified Long-Term Care Services as prescribed under a Plan of Care by a Licensed Health Care practitioner including, but not limited to:

- | | | |
|-------------------------------|---------------------|------------------------------|
| -- Adult day care | -- Home health care | -- Hospice services |
| -- Nursing home care services | -- Assisted living | -- Alternative care services |

International Benefits

This rider provides benefits if the Insured is confined to a Nursing Home or Assisted Living Facility outside of the United States or its territories and possessions. No benefits are payable for Covered Services, other than Nursing Home Care Services or Assisted Living Facility Services, that are received outside of the United States.

Exclusions, Reductions and Limitations

This rider does not provide benefits for:

- a. treatment or care due to alcoholism or drug addiction;
- b. treatment arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury;
- c. treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;
- d. loss to the extent that benefits are payable under any of the following: 1. Medicare (including that which would have been payable but for the application of a deductible or a coinsurance amount). This means that this rider does not pay for the Insured's Medicare deductible or coinsurance; 2. other governmental programs (except Medicaid); 3. state or federal workers' compensation laws; 4. employer's liability laws; 5. occupational disease laws; and 6. any motor vehicle no-fault laws.
- e. confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Home Care Services and Assisted Living Facility Services as described in the International Benefits provision;
- f. services provided by a facility or an agency that does not meet the Rider definition for such facility or agency as described in the "Covered Services" section of this Rider, except as provided in the "Alternative Care Services" provision;
- g. services provided by an Immediate Family Member, unless: 1. the Immediate Family member is a regular employee of the service or

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

This page is supplemental information and needs to accompany or precede the primary / basic illustration.

[Lincoln AssetEdge VUL (2019) - 091619]

This illustration is not complete without all pages.

LCN-2417807-020819 State: DC

The Lincoln National Life Insurance Company
Fort Wayne, IN

Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [45]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Level]
Payment Mode: [Annual]
Riders: [CCABR]

care provider furnishing the service or care; 2. the service or care provider receives the payment for the service or care; and, 3. the Immediate Family member receives no compensation other than the normal compensation for an employee in his or her job category; and
h. services for which no charge is or would normally be made in the absence of insurance.

This rider does not include inflation protection coverage.

Elimination Period:

There is a one-time 90-day elimination period for this rider which must be met before rider benefits may be payable, and is satisfied by calendar days on which the insured receives Covered Services. Covered Services are often received on an intermittent basis; therefore, consecutive days are not required but must be satisfied within a continuous period of 730 calendar days.

Chronically III:

The Insured either:

- a) Is unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- b) Requires Substantial Supervision from another individual to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Lapse Protection While Benefits are Being Paid:

During any claim period, the rider monthly deduction will be waived. However, all other monthly deductions and other rider charges, if applicable, will continue. If the policy would otherwise enter the grace period during a claim period, the entire monthly deduction will be waived, and the policy and this rider will not lapse. However, the death benefit available will be limited to the remaining LTC Specified Amount minus any debt. Once off claim and benefits are no longer being paid, all charges will resume, and you may have to pay additional premium to prevent your policy from lapsing.

Initial Coverage Information

Underwriting Class: [Couples Discount]

LTC Specified Amount:

Initial LTC Specified Amount: [\$500,000]

This rider has its own face amount called the LTC Specified Amount, which is distinct from the policy's face amount. This is the maximum amount that can be accelerated, is chosen at issue and cannot increase. An increase to the policy face amount has no impact to the LTC Specified Amount, and it will be reduced should the policy face be decreased below the LTC Specified Amount. A partial surrender (withdrawal) will also decrease the LTC Specified Amount.

Maximum Monthly LTC Benefit Percentage: [2%]

Duration Assuming Maximum Acceleration: [50]

The maximum percentage of the initial LTC Specified Amount available for acceleration each month, used to calculate the Maximum Monthly LTC Benefit Amount. It is chosen at issue and cannot be changed.

Maximum Monthly LTC Benefit Amount:

Initial Maximum Monthly LTC Benefit Amount: [\$10,000]

The maximum dollar amount that can be accelerated each month, determined by multiplying the initial LTC Specified Amount, adjusted for any decreases, by the Maximum Monthly LTC Benefit Percentage.

Important Information:

This policy is intended to qualify as life insurance under the Internal Revenue Code. The death benefit provided by this policy is intended to qualify for the Federal Income Tax exclusion. The CCABR is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

This page is supplemental information and needs to accompany or precede the primary / basic illustration.

[Lincoln AssetEdge VUL (2019) - 091619]

This illustration is not complete without all pages.

LCN-2417807-020819 State: DC

The Lincoln National Life Insurance Company
Fort Wayne, IN

[Lincoln WealthAccumulate® IUL (2019)]

A Life Insurance Illustration
Flexible Premium Adjustable Life Insurance



Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [50]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Increasing by Cash Value]
Initial Payment Mode: [Annual]
Riders: [CCABR]

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)] Overview

This optional rider provides monthly benefit payments for the reimbursement of expenses from Qualified Long-Term Care Services if the insured meets the Eligibility requirements, subject to the terms and conditions outlined in the rider. Benefits are provided through the acceleration of the policy's death benefit. Upon the first occurrence of acceleration, your Death Benefit Option will be switched to level, if applicable. Other values within the policy will also be proportionately reduced as your acceleration takes place. Values include but are not limited to: policy values in both fixed and indexed accounts. No policy loans or withdrawals will be allowed while on claim. If there is an outstanding loan on the policy, any benefit paid under this rider will be first used to repay a portion of any outstanding Debt. This rider may also have an impact on benefits provided under any other riders or endorsements attached to your policy.

A monthly deduction is made for the cost of the rider. The amount is [\$4.29] for the first policy month.

Refer to the rider and policy specifications for a complete list of terms, conditions, maximum rates and fees.

Renewability

The long-term care coverage provided by the rider is Guaranteed Renewable. This means that we cannot change any of the terms of the rider on our own, and it will remain in force for as long as the policy remains in force. However, we do have the right to increase the current cost of insurance rates used to calculate the Monthly LTC Rider Charge, not to exceed the guaranteed maximum rates described in your policy.

Eligibility

An insured may receive benefits under this rider once the following conditions are met:

- 90-day elimination period is satisfied (see below)
- Written certification from a Licensed Health Care Practitioner that the Insured is Chronically Ill is received at least every 12 months
- A prescribed Plan of Care by a Licensed Health Care Practitioner for Covered Services is received at least every 12 months
- All claims forms and written notifications are submitted and satisfactory.

Qualified Long-Term Care Services (Covered Services)

The insured may receive benefits for Qualified Long-Term Care Services as prescribed under a Plan of Care by a Licensed Health Care practitioner including, but not limited to:

- | | | |
|-------------------------------|---------------------|------------------------------|
| -- Adult day care | -- Home health care | -- Hospice services |
| -- Nursing home care services | -- Assisted living | -- Alternative care services |

International Benefits

This rider provides benefits if the Insured is confined to a Nursing Home or Assisted Living Facility outside of the United States or its territories and possessions. No benefits are payable for Covered Services, other than Nursing Home Care Services or Assisted Living Facility Services, that are received outside of the United States.

Exclusions, Reductions and Limitations

This rider does not provide benefits for:

- a. treatment or care due to alcoholism or drug addiction;
- b. treatment arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury;
- c. treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;
- d. loss to the extent that benefits are payable under any of the following: 1. Medicare (including that which would have been payable but for the application of a deductible or a coinsurance amount). This means that this rider does not pay for the Insured's Medicare deductible or coinsurance; 2. other governmental programs (except Medicaid); 3. state or federal workers' compensation laws; 4. employer's liability laws; 5. occupational disease laws; and 6. any motor vehicle no-fault laws.
- e. confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Home Care Services and Assisted Living Facility Services as described in the International Benefits provision;
- f. services provided by a facility or an agency that does not meet the Rider definition for such facility or agency as described in the "Covered Services" section of this Rider, except as provided in the "Alternative Care Services" provision;
- g. services provided by an Immediate Family Member, unless: 1. the Immediate Family member is a regular employee of the service or care provider furnishing the service or care; 2. the service or care provider receives the payment for the service or care; and, 3. the Immediate Family member receives no compensation other than the normal compensation for an employee in his or her job category; and

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

[Lincoln WealthAccumulate IUL (2019) - 091619]
This illustration is not complete without all pages.
LCN-2391260-012219 State: DC

The Lincoln National Life Insurance Company
Fort Wayne, IN

[10/31/2019] [3:27 PM] [DIPTB-D v47.0.4729]

[Lincoln WealthAccumulate® IUL (2019)]

A Life Insurance Illustration
Flexible Premium Adjustable Life Insurance



Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [50]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Increasing by Cash Value]
Initial Payment Mode: [Annual]
Riders: [CCABR]

h. services for which no charge is or would normally be made in the absence of insurance.

This rider does not include inflation protection coverage.

Elimination Period:

There is a one-time 90-day elimination period for this rider which must be met before rider benefits may be payable, and is satisfied by calendar days on which the insured receives Covered Services. Covered Services are often received on an intermittent basis; therefore, consecutive days are not required but must be satisfied within a continuous period of 730 calendar days.

Chronically III:

The Insured either:

- a) Is unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- b) Requires Substantial Supervision from another individual to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Lapse Protection While Benefits are Being Paid:

During any claim period, the rider monthly deduction will be waived. However, all other monthly deductions and other rider charges, if applicable, will continue. If the policy would otherwise enter the grace period during a claim period, the entire monthly deduction will be waived, and the policy and this rider will not lapse. However, the death benefit available will be limited to the remaining LTC Specified Amount minus any debt. Once off claim and benefits are no longer being paid, all charges will resume, and you may have to pay additional premium to prevent your policy from lapsing.

Initial Coverage Information

Underwriting Class: [Couples Discount]

LTC Specified Amount:

Initial LTC Specified Amount: [\$500,000]

This rider has its own face amount called the LTC Specified Amount, which is distinct from the policy's face amount. This is the maximum amount that can be accelerated, is chosen at issue and cannot increase. An increase to the policy face amount has no impact to the LTC Specified Amount, and it will be reduced should the policy face be decreased below the LTC Specified Amount. A partial surrender (withdrawal) will also decrease the LTC Specified Amount.

Maximum Monthly LTC Benefit Percentage: [2%]

Duration Assuming Maximum Acceleration: [50]

The maximum percentage of the initial LTC Specified Amount available for acceleration each month, used to calculate the Maximum Monthly LTC Benefit Amount. It is chosen at issue and cannot be changed.

Maximum Monthly LTC Benefit Amount:

Initial Maximum Monthly LTC Benefit Amount: [\$10,000]

The maximum dollar amount that can be accelerated each month, determined by multiplying the initial LTC Specified Amount, adjusted for any decreases, by the Maximum Monthly LTC Benefit Percentage.

Important Information:

This policy is intended to qualify as life insurance under the Internal Revenue Code. The death benefit provided by this policy is intended to qualify for the Federal Income Tax exclusion. The CCABR is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

[Lincoln WealthAccumulate IUL (2019) - 091619]

This illustration is not complete without all pages.

LCN-2391260-012219 State: DC

**The Lincoln National Life Insurance Company
Fort Wayne, IN**

[10/31/2019] [3:27 PM] [DIPTB-D v47.0.4729]

[Lincoln WealthPreserve® IUL (2019)]

A Life Insurance Illustration
Flexible Premium Adjustable Life Insurance



Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [50]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Level]
Initial Payment Mode: [Annual]
Riders: [CCABR]

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)] Overview

This optional rider provides monthly benefit payments for the reimbursement of expenses from Qualified Long-Term Care Services if the insured meets the Eligibility requirements, subject to the terms and conditions outlined in the rider. Benefits are provided through the acceleration of the policy's death benefit. Upon the first occurrence of acceleration, your Death Benefit Option will be switched to level, if applicable. Other values within the policy will also be proportionately reduced as your acceleration takes place. Values include but are not limited to: policy values in both fixed and indexed accounts. No policy loans or withdrawals will be allowed while on claim. If there is an outstanding loan on the policy, any benefit paid under this rider will be first used to repay a portion of any outstanding Debt. This rider may also have an impact on benefits provided under any other riders or endorsements attached to your policy.

A monthly deduction is made for the cost of the rider. The amount is [\$2.32] for the first policy month.

Refer to the rider and policy specifications for a complete list of terms, conditions, maximum rates and fees.

Renewability

The long-term care coverage provided by the rider is Guaranteed Renewable. This means that we cannot change any of the terms of the rider on our own, and it will remain in force for as long as the policy remains in force. However, we do have the right to increase the current cost of insurance rates used to calculate the Monthly LTC Rider Charge, not to exceed the guaranteed maximum rates described in your policy.

Eligibility

An insured may receive benefits under this rider once the following conditions are met:

- 90-day elimination period is satisfied (see below)
- Written certification from a Licensed Health Care Practitioner that the Insured is Chronically Ill is received at least every 12 months
- A prescribed Plan of Care by a Licensed Health Care Practitioner for Covered Services is received at least every 12 months
- All claims forms and written notifications are submitted and satisfactory.

Qualified Long-Term Care Services (Covered Services)

The insured may receive benefits for Qualified Long-Term Care Services as prescribed under a Plan of Care by a Licensed Health Care practitioner including, but not limited to:

- Adult day care
- Home health care
- Hospice services
- Nursing home care services
- Assisted living
- Alternative care services

International Benefits

This rider provides benefits if the Insured is confined to a Nursing Home or Assisted Living Facility outside of the United States or its territories and possessions. No benefits are payable for Covered Services, other than Nursing Home Care Services or Assisted Living Facility Services, that are received outside of the United States.

Exclusions, Reductions and Limitations

This rider does not provide benefits for:

- a. treatment or care due to alcoholism or drug addiction;
- b. treatment arising out of an attempt (while sane or insane) at suicide or an intentionally self-inflicted injury;
- c. treatment provided in a Veteran's Administration or government facility, unless the Insured or the Insured's estate is charged for the confinement or services or unless otherwise required by law;
- d. loss to the extent that benefits are payable under any of the following: 1. Medicare (including that which would have been payable but for the application of a deductible or a coinsurance amount). This means that this rider does not pay for the Insured's Medicare deductible or coinsurance; 2. other governmental programs (except Medicaid); 3. state or federal workers' compensation laws; 4. employer's liability laws; 5. occupational disease laws; and 6. any motor vehicle no-fault laws.
- e. confinement or care received outside the United States or its territories and possessions, other than benefits for Nursing Home Care Services and Assisted Living Facility Services as described in the International Benefits provision;
- f. services provided by a facility or an agency that does not meet the Rider definition for such facility or agency as described in the "Covered Services" section of this Rider, except as provided in the "Alternative Care Services" provision;
- g. services provided by an Immediate Family Member, unless: 1. the Immediate Family member is a regular employee of the service or care provider furnishing the service or care; 2. the service or care provider receives the payment for the service or care; and, 3. the Immediate Family member receives no compensation other than the normal compensation for an employee in his or her job category; and

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

This illustration is not complete without all pages.
LCN-2461641-031419 State: DC

The Lincoln National Life Insurance Company
Fort Wayne, IN

[10/31/2019] [3:30 PM] [DIPTB-D v47.0.4729]

[Lincoln WealthPreserve® IUL (2019)]

A Life Insurance Illustration
Flexible Premium Adjustable Life Insurance



Presented by: [Lincoln Representative]

[Lincoln Care Coverage® ABR] Summary

For: [Valued Client]
Age: [50]
Sex: [Male]
Class: [Standard Non-Tobacco]

Initial Death Benefit: [\$500,000]
Initial Death Benefit Opt: [Level]
Initial Payment Mode: [Annual]
Riders: [CCABR]

h. services for which no charge is or would normally be made in the absence of insurance.

This rider does not include inflation protection coverage.

Elimination Period:

There is a one-time 90-day elimination period for this rider which must be met before rider benefits may be payable, and is satisfied by calendar days on which the insured receives Covered Services. Covered Services are often received on an intermittent basis; therefore, consecutive days are not required but must be satisfied within a continuous period of 730 calendar days.

Chronically III:

The Insured either:

- a) Is unable to perform (without Substantial Assistance from another individual) at least 2 Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- b) Requires Substantial Supervision from another individual to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

Lapse Protection While Benefits are Being Paid:

During any claim period, the rider monthly deduction will be waived. However, all other monthly deductions and other rider charges, if applicable, will continue. If the policy would otherwise enter the grace period during a claim period, the entire monthly deduction will be waived, and the policy and this rider will not lapse. However, the death benefit available will be limited to the remaining LTC Specified Amount minus any debt. Once off claim and benefits are no longer being paid, all charges will resume, and you may have to pay additional premium to prevent your policy from lapsing.

Initial Coverage Information

Underwriting Class: [Couples Discount]

LTC Specified Amount:

Initial LTC Specified Amount: [\$500,000]

This rider has its own face amount called the LTC Specified Amount, which is distinct from the policy's face amount. This is the maximum amount that can be accelerated, is chosen at issue and cannot increase. An increase to the policy face amount has no impact to the LTC Specified Amount, and it will be reduced should the policy face be decreased below the LTC Specified Amount. A partial surrender (withdrawal) will also decrease the LTC Specified Amount.

Maximum Monthly LTC Benefit Percentage: [2%]

Duration Assuming Maximum Acceleration: [50]

The maximum percentage of the initial LTC Specified Amount available for acceleration each month, used to calculate the Maximum Monthly LTC Benefit Amount. It is chosen at issue and cannot be changed.

Maximum Monthly LTC Benefit Amount:

Initial Maximum Monthly LTC Benefit Amount: [\$10,000]

The maximum dollar amount that can be accelerated each month, determined by multiplying the initial LTC Specified Amount, adjusted for any decreases, by the Maximum Monthly LTC Benefit Percentage.

Important Information:

This policy is intended to qualify as life insurance under the Internal Revenue Code. The death benefit provided by this policy is intended to qualify for the Federal Income Tax exclusion. The CCABR is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

For guaranteed elements and other important information, please refer to The Lincoln National Life Insurance Company insurance product illustration which must accompany this presentation.

This illustration is not complete without all pages.

LCN-2461641-031419 State: DC

**The Lincoln National Life Insurance Company
Fort Wayne, IN**

[10/31/2019] [3:30 PM] [DIPTB-D v47.0.4729]

SERFF Tracking #:	LCNC-132150752	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	The Lincoln National Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	CCABR (7059) Advertising Filing		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	SOV-LCN-2417807-020819 (AssetEdge19).pdf SOV-LCN-2391260-012219 (WealthAccum19).pdf SOV-LCN-2461641-031419 (WealthPreserv19).pdf
Item Status:	
Status Date:	

STATEMENT OF VARIABILITY
The Lincoln National Life Insurance Company

November 11, 2019

Form: SOV-LCN-2417807-020819—CCABR Lincoln AssetEdge VUL (2019) Illustration Summary

Pages 1 and 2 Header

[Lincoln AssetEdge® VUL 2019]

Explanation: We reserve the right to change the name of the product this rider is attached to

Presented by: **[Lincoln Representative]**

Explanation: The presenter's name and/or title

[Lincoln Care Coverage® ABR]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

For: **[Valued Client]**

Age: **[45]**

Sex: **[Male]**

Class: **[Standard Non-Tobacco]**

Explanation:

[Valued Client] – The name of the insured

[45] – Insured age at issue- The age is based upon the allowable issue ages for the rider. The issue age range is 20 to 80.

[Male] – Insured's sex

[Standard Non-Tobacco] – Underwriting class will vary by Insured. Range: Preferred Plus, Rated Preferred Plus, Preferred Non-Tobacco, Rated Preferred Non-Tobacco, Preferred Tobacco, Rated Preferred Tobacco, Standard Non-Tobacco, Rated Standard Non-Tobacco, Standard Tobacco, Rated Tobacco.

Initial Death Benefit: **[\$500,000]**

Initial Death Benefit Opt: **[Level]**

Payment Mode: **[Annual]**

Riders: **[CCABR]**

Explanation:

[\$500,000] – Initial death benefit. Minimum Specified Amount required for non-contractual obligations. The maximum value is subject to reinsurer capacity and is determined on a case-by-case basis.

[Level] – Death benefit election chosen at time of issue.

[Annual] – Initial Payment Mode. Range: Annually, Semi-Annually, Quarterly or Monthly.

[CCABR] – Elected riders used with policy. Only approved riders will be used in the state.

Page 1

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

[\$6.26]

Explanation: Monthly deduction for the first policy month. Varies depending on the Initial LTC Specified Amount and Maximum Monthly LTC Benefit Percentage.

Pages 1 and 2 Footer

[Lincoln AssetEdge VUL (2019) - 091619]

Explanation: We reserve the right to change the name of the product this rider is attached to

[10/31/2019] [3:25 PM]

Explanation: Date and time the report was generated. Range [01/01/year] to [12/31/year]. Range 12:00AM to 12:00 PM.

[DIPTB-D v47.0.4729]

Explanation: System-generated number of the software version used (will vary based on system updates)

Page 2

Underwriting Class: **[Couples Discount]**

Explanation: Rider underwriting class. is policy specific and may be either STANDARD or COUPLES DISCOUNT.

Initial LTC Specified Amount: **[\$500,000]**

Maximum Monthly LTC Benefit Percentage: **[2%]**

Duration Assuming Maximum Acceleration: **[50]**

Initial Monthly LTC Benefit Amount: **[\$10,000]**

Explanation:

[\$500,000] -Is selected by the owner and may be equal to or less than the base policy's Specified Amount, subject to internal underwriting limits.

[2%]-Maximum Monthly LTC Benefit Percentage is selected by the owner, and may be either 2% or 4%.

[50]- Is policy specific, based upon the Maximum Monthly LTC Benefit Percentage selected by the owner. The field will display the minimum duration of the Monthly LTC Benefits assuming benefits are used at the maximum acceleration each month the Insured is benefit eligible.

[\$10,000]- Is policy specific, based upon the Initial LTC Specified Amount and Maximum Monthly LTC Percentage selected by the owner.

STATEMENT OF VARIABILITY
The Lincoln National Life Insurance Company

November 11, 2019

Form: SOV-LCN-2391260-012219—CCABR Lincoln WealthAccumulate IUL (2019) Illustration Summary

Pages 1 and 2 Header

[Lincoln WealthAccumulate® IUL (2019)]

Explanation: We reserve the right to change the name of the product this rider is attached to.

Presented by: **[Lincoln Representative]**

Explanation: The presenter's name and/or title

[Lincoln Care Coverage® ABR]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

For: **[Valued Client]**

Age: **[50]**

Sex: **[Male]**

Class: **[Standard Non-Tobacco]**

Explanation:

[Valued Client] – The name of the insured

[50] – Insured age at issue- The age is based upon the allowable issue ages for the rider. The issue age range is 20 to 80.

[Male] – Insured's Sex

[Standard Non-Tobacco] – Underwriting class will vary by Insured. Range: Preferred Plus, Rated Preferred Plus, Preferred Non-Tobacco, Rated Preferred Non-Tobacco, Preferred Tobacco, Rated Preferred Tobacco, Standard Non-Tobacco, Rated Standard Non-Tobacco, Standard Tobacco, Rated Tobacco.

Initial Death Benefit: **[\$500,000]**

Initial Death Benefit Opt: **[Increasing by Cash Value]**

Initial Payment Mode: **[Annual]**

Riders: **[CCABR]**

Explanation:

[\$500,000] – Initial death benefit. May vary from \$25,000.00 to Unlimited. Minimum Specified Amount required for non-contractual obligations. The maximum value is subject to reinsurer capacity and is determined on a case-by-case basis.

[Increasing by Cash Value] - Death benefit election chosen at time of issue.

[Annual] – Initial Payment Mode. Range: Annually, Semi-Annually, Quarterly or Monthly.

[CCABR] – Elected riders used with policy. Only approved riders will be used in the state.

Page 1

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

[\$4.29]

Explanation: Monthly deduction for the first policy month. Varies depending on the Initial LTC Specified Amount and Maximum Monthly LTC Benefit Percentage.

Pages 1 and 2 Footer

[Lincoln WealthAccumulate IUL (2019) - 091619]

Explanation: We reserve the right to change the name of the product this rider is attached to.

[10/31/2019] [3:28 PM]

Explanation: Date and time the report was generated. Range [01/01/year] to [12/31/year]. Range 12:00AM to 12:00 PM.

[DIPTB-D v47.0.4729]

Explanation: System-generated number of the software version used (will vary based on system updates)

Page 2

Underwriting Class: **[Couples Discount]**

Explanation: Rider underwriting class. is policy specific and may be either STANDARD or COUPLES DISCOUNT.

Initial LTC Specified Amount: **[\$500,000]**

Maximum Monthly LTC Benefit Percentage: **[2%]**

Duration Assuming Maximum Acceleration: **[50]**

Initial Monthly LTC Benefit Amount: **[\$10,000]**

Explanation:

[\$500,000] -Is selected by the owner and may be equal to or less than the base policy's Specified Amount, subject to internal underwriting limits.

[2%]-Maximum Monthly LTC Benefit Percentage is selected by the owner, and may be either 2% or 4%.

[50]- Is policy specific, based upon the Maximum Monthly LTC Benefit Percentage selected by the owner. The field will display the minimum duration of the Monthly LTC Benefits assuming benefits are used at the maximum acceleration each month the Insured is benefit eligible.

[\$10,000]- Is policy specific, based upon the Initial LTC Specified Amount and Maximum Monthly LTC Percentage selected by the owner.

STATEMENT OF VARIABILITY
The Lincoln National Life Insurance Company

November 11, 2019

Form: SOV-LCN-2461641-031419—CCABR Lincoln WealthPreserve IUL (2019) Illustration Summary

Pages 1 and 2 Header

[Lincoln WealthPreserve® IUL (2019)]

Explanation: We reserve the right to change the name of the product this rider is attached to.

Presented by: **[Lincoln Representative]**

Explanation: The presenter's name and/or title

[Lincoln Care Coverage® ABR]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

For: **[Valued Client]**

Age: **[50]**

Sex: **[Male]**

Class: **[Standard Non-Tobacco]**

Explanation:

[Valued Client] – The name of the insured

[50] – Insured age at issue- The age is based upon the allowable issue ages for the rider. The issue age range is 20 to 80.

[Male] – Insured's Sex

[Standard Non-Tobacco] – Underwriting class will vary by Insured. Range: Preferred Plus, Rated Preferred Plus, Preferred Non-Tobacco, Rated Preferred Non-Tobacco, Preferred Tobacco, Rated Preferred Tobacco, Standard Non-Tobacco, Rated Standard Non-Tobacco, Standard Tobacco, Rated Tobacco.

Initial Death Benefit: **[\$500,000]**

Initial Death Benefit Opt. **[Level]**

Initial Payment Mode: **[Annual]**

Riders: **[CCABR]**

Explanation:

[\$1,000,000] – Initial death benefit. May vary from \$25,000.00 to Unlimited. Minimum Specified Amount required for non-contractual obligations. The maximum value is subject to reinsurer capacity and is determined on a case-by-case basis.

[Level] - Death benefit election chosen at time of issue.

[Annual] – Initial Payment Mode. Range: Annually, Semi-Annually, Quarterly or Monthly.

[CCABR] – Elected riders used with policy. Only approved riders will be used in the state.

Page 1

[Lincoln Care Coverage® Accelerated Benefits Rider (CCABR)]

Explanation: The Marketing Name of the rider is subject to change. The Marketing Name of the products this rider is attached to are subject to change. The policy form numbers of any product for which this rider is attached to are not subject to change, however, additional products and policy form numbers, may be added once approved. The addition will correspond with the deletion of an obsolete product and policy form number. The additional product will be substantially similar to the deleted obsolete product. Any future change will be reflected consistently across all advertising pieces. Only approved riders will be used in the state.

[\$2.32]

Explanation: Monthly deduction for the first policy month. Varies depending on the Initial LTC Specified Amount and Maximum Monthly LTC Benefit Percentage.

Pages 1 and 2 Footer

[10/31/2019] [3:30 PM]

Explanation: Date and time the report was generated. Range [01/01/year] to [12/31/year]. Range 12:00AM to 12:00 PM.

[DIPTB-D v47.0.4729]

Explanation: System-generated number of the software version used (will vary based on system updates)

Page 2

Underwriting Class: **[Couples Discount]**

Explanation: Rider underwriting class. is policy specific and may be either STANDARD or COUPLES DISCOUNT.

Initial LTC Specified Amount: **[\$500,000]**

Maximum Monthly LTC Benefit Percentage: **[2%]**

Duration Assuming Maximum Acceleration: **[50]**

Initial Monthly LTC Benefit Amount: **[\$10,000]**

Explanation:

[\$500,000] -Is selected by the owner and may be equal to or less than the base policy's Specified Amount, subject to internal underwriting limits.

[2%]-Maximum Monthly LTC Benefit Percentage is selected by the owner, and may be either 2% or 4%.

[50]- Is policy specific, based upon the Maximum Monthly LTC Benefit Percentage selected by the owner. The field will display the minimum duration of the Monthly LTC Benefits assuming benefits are used at the maximum acceleration each month the Insured is benefit eligible.

[\$10,000]- Is policy specific, based upon the Initial LTC Specified Amount and Maximum Monthly LTC Percentage selected by the owner.